

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E627</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/30/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HODGEMAN COUNTY HEALTH CENTER LTCU</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>809 BRAMLEY PO BOX 310 JETMORE, KS 67854</b>			
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F 000	INITIAL COMMENTS			F 000			
F 159 SS=D	<p>The following citations represent the findings of a Health Resurvey.</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to</p>			F 159			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 159	<p>Continued From page 1</p> <p>the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 21 residents. Survey tasks included a review of personal funds accounts for 3 residents. Based on interview and record review, the facility failed to deposit funds in excess of \$50 in interest bearing accounts for 3 of 3 residents and failed to provide residents and/or the resident's responsible parties with quarterly statements of funds available in personal funds accounts for 3 of 3 residents (#1, #6, #8).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 11/25/15 at 7:45 a.m., Office Staff J provided evidence the facility managed personal funds accounts for 3 residents. Review of the accounting ledgers revealed the following:</li> </ul> <p>*Resident #1: The account had a balance of \$782.20. Review of the documentation revealed no evidence the resident received interests on the funds in the account. Review of quarterly statements revealed the facility failed to provide the resident and/or responsible party with</p>	F 159			

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F 159	<p>Continued From page 2</p> <p>quarterly statements of personal account activity in the eight month time period from September 2014 to May 2015. According to the documentation, the facility provided quarterly statements on 5/4/15 and 8/17/15.</p> <p>*Resident #8: The account had a current balance of \$83.60. Review of the documentation revealed no evidence the resident received interest on the funds in the account. Review of quarterly statements revealed the facility provided the resident and/or responsible party with quarterly statements on 1/19/15 and eight months later on 9/8/15.</p> <p>*Resident #6: The account had a current balance of less than \$50. For the time period from 8/19/14 to 10/13/14, the account had a balance of \$62.00. Review of the documentation revealed no evidence the resident received interest on the funds in the account during the time period when the balance exceeded \$50.</p> <p>During an interview on 11/25/15 at 7:45 a.m., Office Staff J confirmed the facility failed to place funds in excess of \$50 in interest bearing accounts for residents #1, #6 and #8. Staff J also confirmed the facility failed to provide resident #1, #6 and #8 with quarterly statements of activity in their personal funds accounts.</p> <p>No policy was provided by the facility concerning personal funds.</p> <p>The facility failed to deposit funds in excess of \$50 in interest bearing accounts for residents #1, #6 and #8, and failed to provide residents and/or the resident's responsible parties with quarterly statements of funds available in personal funds</p>	F 159			

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F 272	accounts for residents #1, #6 and #8.	F 272			
SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS				
	<p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:</p> <ul style="list-style-type: none"> <li>Identification and demographic information;</li> <li>Customary routine;</li> <li>Cognitive patterns;</li> <li>Communication;</li> <li>Vision;</li> <li>Mood and behavior patterns;</li> <li>Psychosocial well-being;</li> <li>Physical functioning and structural problems;</li> <li>Continence;</li> <li>Disease diagnosis and health conditions;</li> <li>Dental and nutritional status;</li> <li>Skin conditions;</li> <li>Activity pursuit;</li> <li>Medications;</li> <li>Special treatments and procedures;</li> <li>Discharge potential;</li> <li>Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and</li> <li>Documentation of participation in assessment.</li> </ul>				

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F 272	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 21 residents with 9 included in the sample and reviewed for comprehensive assessments. Based on observation, interview, and record review the facility failed to comprehensively assess the dental status of 1 resident. (#17)</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #17's admission MDS (minimum data set) dated 10/11/15 revealed a BIMS (brief interview for mental status) score of 15 indicating normal cognition. The resident was independent with all ADL (activities of daily living) including personal hygiene. The resident had no swallowing or chewing issues and weighed 236 pounds with no weight loss or gain. The dental section of the MDS was completed, though it lacked any dental issues.</li> </ul> <p>Review of the CAAs (care area assessment) dated 10/11/15 revealed no dental CAA triggered for further investigation.</p> <p>Review of the quarterly oral assessment dated 10/14/15 revealed the resident had stained broken and missing teeth. The resident could not remember when his/her went to the dentist last but had a dentist listed on the form.</p> <p>Observation on 11/23/15 at 9:57 a.m. revealed the resident had upper dentures in place and only one broken tooth on the bottom. The resident</p>	F 272			

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F 272	<p>Continued From page 5 reported no pain in the tooth.</p> <p>Observation on 11/24/15 at 8:10 a.m., the resident sat at the dining table and had a plate of scrambled eggs, bacon, cold cereal, and a fried egg. The resident had a cup of coffee and cranberry juice. The resident ate independently. Further observation revealed the resident ate approximately 1/2 cereal, pancakes, all the fried egg and 1/2 scrambled egg though did not eat the bacon. The resident ate very slowly.</p> <p>During an interview on 11/23/15 at 4:25 p.m. direct care staff D reported he/she thought the resident completed his/her own oral care and did not know if the resident had dentures or not. Staff D reported he/she would have to ask other staff about the dental status of any of the residents. Staff D reported all residents had sheets the staff charted on that listed the resident cares but he/she had "not studied them real good". Staff D reported he/she was still learning about the residents as he/she had only been working at the facility for a month.</p> <p>During an interview on 11/24/15 at 8:58 a.m. direct care staff E, reported the resident had bad teeth on the bottom and would show staff he/she only had one tooth on the bottom and dentures on top. The resident liked to talk about his/her teeth. It took the resident a long time to eat.</p> <p>During an interview on 11/24/15 at 4:15 p.m. licensed nurse B reported the resident's teeth were in poor shape and he/she only had one tooth on the bottom. The resident refused to see a dentist. The resident was compliant with all other care but absolutely refused a dental appointment.</p>	F 272			

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F 272	Continued From page 6  During an interview on 11/24/15 at 4:45 p.m. administrative nurse A reported he/she completed the MDS. Nurse A reported he/she did not know how he/she missed the resident's dental status on the MDS. Nurse A reported he/she did not complete oral exams on the residents but relied on the nurses to do the oral assessment.  The facility failed to provide policies regarding comprehensive assessments and dental services as requested on 11/24/15.  The facility failed to comprehensively assess the dental status of 1 resident. (#17)	F 272			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).	F 279			

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F 279	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents with 9 included in the sample. Based on interview, and record review the facility failed to provide a comprehensive care plan for sleep hygiene related to medications for resident (#21).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #21's signed physician order sheet dated 10/30/15 included the following diagnoses: restless leg syndrome (neurological disorder characterized by an irresistible urge to move one's body to stop uncomfortable or odd sensations) and GERD (gastro esophageal reflux disease: backflow of stomach contents to the esophagus).</li> </ul> <p>Review of the admission MDS (minimum data set) dated 11/6/15 revealed a BIMS (brief interview for mental status) score of 14, which indicated intact cognition. The resident required limited assistance to supervision on most ADLs (activities of daily living) and he/she used a walker and wheelchair for mobility. The resident denied any pain, had no falls since admission, and received a hypnotic medication 1 day in the 7 day observation period.</p> <p>Review of the psychotropic medication use CAA (care area assessment) dated 11/10/15 revealed the resident was at risk for adverse reactions due to his/her use of Ambien (a hypnotic medication used to treat insomnia). The CAA further revealed he/she did not demonstrate signs of adverse reaction and staff would continue to monitor the</p>	F 279			



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F 279	<p>Continued From page 8</p> <p>resident closely and notify the physician should any occur.</p> <p>Review of the AIMS (abnormal involuntary movement scale) dated 11/6/15 revealed the resident had no involuntary movements, had partial behaviors, and listed Ambien PRN (as needed) on the form.</p> <p>Review of the resident's medical record from 10/30/15 to 11/25/15 revealed staff did not complete a sleep assessment for resident #21.</p> <p>Review of the care plan dated 11/10/15 revealed the resident lived in LTC (long term care) with fears of being unable to sleep in LTC. The care plan had the following interventions:</p> <ul style="list-style-type: none"> <li>*Allow for and encourage as much independence as possible</li> <li>* Administer Ambien 5 mg (milligrams) 1 PO (by mouth) HS (before bedtime) PRN</li> <li>*Encourage the resident to verbalize his/her feelings</li> <li>*AIMS quarterly assessment and GDR (gradual dose reduction) as recommended</li> <li>*Monitor for EPS (extrapyramidal syndrome: drug induced movement disorders)</li> </ul> <p>Review of the admission orders dated 10/30/15 revealed resident #21 received Ambien 5 mg PO at HS PRN for insomnia.</p> <p>Review of the November 2015 MAR (medication administration record) revealed resident #21 received Ambien on 11/7/15 per his/her request and staff did not follow-up on effectiveness or document other non-pharmacological interventions attempted prior to the administration of the medication. Further review of the MAR</p>	F 279			

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F 279	Continued From page 9 revealed the resident received 14 doses of TUMS (a medication used to treat heartburn) and staff did not follow-up for effectiveness of the medication for 2 of the 14 doses.  Observation on 11/24/15 at 9:49 AM revealed resident #21 sat in the recliner with his/her feet elevated and the call light clipped onto the arm of the recliner. He/she appeared to sleep with his/her walker beside the chair.  During an interview on 11/24/15 at 10:00 AM, direct care staff K stated resident #21 had not complained of not being able to sleep.  During an interview on 11/24/15 at 9:34 PM, direct care staff L stated the resident usually slept well during the night. Staff L further stated the resident slept until around 3:00 AM and then wanted to get into his/her recliner.  During an interview on 11/25/15 at 8:36 AM, licensed staff G stated staff needed to document on the PRN sheet the medication as given and then follow-up with effectiveness of the medication.  During an interview on 11/24/15 at 4:18 PM, administrative nurse A stated the staff did not complete a sleep assessment on resident #21.  The facility failed to provide policies regarding care plans as requested on 11/25/15.  The facility failed to develop a care plan to include a sleep hygiene program for resident #21	F 279			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314			

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F 314	<p>Continued From page 10</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents. The sample included 9 residents. Based on observation, interview, and record review the facility failed to measure a pressure ulcer, per facility policy, for one resident reviewed for pressure ulcers. (#21) Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #21's signed physician order sheet dated 10/30/15 included the following diagnoses: pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) ball of left foot stage III (Full thickness tissue loss: subcutaneous fat may be visible but bone, tendon or muscle are not exposed) and cellulitis (skin infection caused by bacteria characterized by heat, redness and swelling) left lower extremity.</li> </ul> <p>Review of the admission MDS (minimum data set) dated 11/6/15 revealed a BIMS (brief interview for mental status) score of 14, which indicated intact cognition. The MDS further revealed the resident required limited assistance</p>	F 314			

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F 314	<p>Continued From page 11</p> <p>to supervision on most ADLs (activities of daily living) and he/she used a walker and wheelchair for mobility. The MDS further revealed he/she was at risk for pressure ulcers, had a stage III pressure ulcer (measured: 1.7 cm x 0.7 cm x 0.2 cm (centimeters) with epithelial (new skin growth) tissue in the wound bed), had an infection on his/her right foot, received pressure ulcer care and a dressing to the right foot.</p> <p>Review of the pressure ulcer CAA (care area assessment) dated 11/10/15 revealed the resident admitted with a stage III ulcer on the ball of his/her right foot. On admission the pressure ulcer measured 1.75 cm x .75 cm x .25 cm. and treatments were completed as ordered. Evidently the wound had improved since admission into the hospital and staff would continue to monitor and provide dressings, as ordered.</p> <p>Review of the care plan dated 11/10/15 revealed staff would measure ulcer weekly and document.</p> <p>Review of the signed physician order sheet dated 10/30/15 revealed staff were to provide wound care to left foot with wet to dry dressing changes BID (twice a day) for 5 days, then daily.</p> <p>Review of nurse's notes revealed the following:  *10/30/15 at 6:20 PM, wound on ball of foot measured 5 x 3 mm (0.5 x 0.3 cm) healing stage III ulcer  *10/30/15 at 10:00 PM, wound 3 cm in length .5 cm to .1 cm in width.  *11/18/15 at 8:30 AM, see by physician, wound measured 1 inch x 1.75 inch x 0 inches.</p> <p>Observation on 11/24/15 at 7:31 AM revealed the licensed staff B entered resident's room and</p>	F 314			

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F 314	<p>Continued From page 12</p> <p>appropriately provided pressure ulcer dressing change and measured the wound accordingly. The wound measured 2 cm x 1.1 cm and was covered with a light brownish scab with one area that was darker.</p> <p>During an interview on 11/24/15 at 11:18 AM, direct care staff F stated resident #21 had a sore on the bottom of his/her foot that he/she had been admitted with and stated it looked calloused. Staff F further stated the nurse placed a dressing on the wound every day.</p> <p>During an interview on 11/24/15 at 4:12 PM, direct care staff F stated staff repositioned him/her every 2 hours and the resident repositioned him/herself frequently and independently.</p> <p>During an interview on 11/23/15 at 4:22 PM, licensed nursing staff B verified documentation was incorrect and labeled as inches instead of the correct cm. Staff B further verified staff were to be measuring using a cm sheet strip and stated he/she did not have a strip that day and just guessed the size.</p> <p>During an interview on 11/24/15 at 9:34 PM, licensed nursing staff H stated pressure ulcers were measured weekly and divided between different shifts so that no one shift did all the measurements.</p> <p>During an interview on 11/24/15 at 5:04 PM, administrative nurse A stated he/she expected documentation and measurements to be completed. Staff A further stated measurements and documentation should have been completed weekly, and whenever a change in wound was</p>	F 314			

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F 314	Continued From page 13 noted. Staff A stated he/she expected measurements to be in centimeters and not inches.  Review of the undated wound protocol policy directed staff to measure the area using the wound measuring ruler length, width, and depth. The policy also directed staff to initiate weekly pressure ulcer record and update it weekly with dressing changes and photographs. The wound documentation checklist directed staff to measure the area and complete documentation on the weekly pressure ulcer form with each dressing change.  The facility failed to consistently evaluate and document the status of the wound to ensure the current treatment was effective for resident #21.	F 314			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic	F 329			

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F 329	<p>Continued From page 14</p> <p>drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents with 9 included in the sample. Based on interview, and record review the facility failed to ensure 3 of 5 residents reviewed for unnecessary medications received adequate monitoring for antihypertensive medications, monitoring for PRN (as needed) medications (#11, #13 and #21).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #11's October POS (Physician Orders Sheet), signed 10/9/15 revealed a diagnosis of hypertension (elevated blood pressure).</li> </ul> <p>Review of resident #11's Annual MDS (Minimum Data Set) dated 7/2/15 revealed a BIMS (Brief Interview for Mental Status) score of 7, indicating severe cognitive impairment. The resident had behavior present that fluctuated for inattention. Resident #11 had a total mood severity score of 2, indicating minimal depression. Resident #11 exhibited rejection of care behaviors 1 to 3 days during the 7 day observation period. The resident received an antipsychotic, antidepressant, and a diuretic daily.</p> <p>Review of resident #11's Quarterly MDS dated</p>	F 329			

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F 329	<p>Continued From page 15</p> <p>10/2/15 revealed a BIMS score of 9, indicating moderate cognitive impairment. Resident #11 had a total mood severity score of 1 indicating minimal depression. Resident #11 had no other changes from the previous MDS.</p> <p>Review of resident #11's Psychosocial Well-Being CAA dated 7/2/15 revealed the resident had a history of agoraphobia. He/she spent most of the time in his/her room.</p> <p>Review of the October 2015 physician order sheet revealed resident #11 had orders for:</p> <ul style="list-style-type: none"> <li>Metoprolol 50 mg 1 tablet PO (Hold if pulse &lt;50) for hypertension started on 3/24/15.</li> </ul> <p>Review of the October 2015 Medication Flowsheet revealed staff did not obtain the resident's pulse prior to administering Metoprolol on 10/3/15 and 10/14/15.</p> <p>Review of the November 2015 Medication Flowsheet revealed staff did not obtain the resident's pulse prior to administering Metoprolol on 11/4/15 and 11/10/15.</p> <p>Observation on 11/23/15 at 9:51 AM revealed resident #11 sat in his/her wheelchair in the doorway to his/her bedroom. He/she interacted appropriately with staff with no adverse behaviors observed.</p> <p>During an interview on 11/24/15 at 10:45 AM, licensed nursing staff B stated staff should always take the pulse and document it on the MAR prior to giving a medication such as Metoprolol.</p> <p>During an interview on 11/30/15 at 3:31 PM, administrative nursing staff A stated he/she</p>	F 329			



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F 329	<p>Continued From page 16</p> <p>expected staff to obtain pulses as ordered before administering medications like Metoprolol.</p> <p>Review of the undated Administration of Medication policy revealed there was no guidance on the monitoring of vital signs to include pulses before administering certain medications.</p> <p>The facility failed to monitor and document resident #11's pulse before administering Metoprolol according to parameters as written on the physician order.</p> <p>- Review of resident #13's October 2015 physicians order sheet signed 10/9/15 revealed diagnosis of: glaucoma (abnormal condition of elevated pressure within an eye caused by obstruction to the outflow), esophagitis (inflammation of the esophagus), obsessive-compulsive disorder (anxiety disorder characterized by recurrent and persistent thoughts, ideas and feelings of obsessions severe to cause marked distress, consume considerable time or significantly interfere with the resident's occupational, social or interpersonal functioning), depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), dementia (progressive mental disorder characterized by failing memory, confusion), and constipation (difficulty passing stools).</p> <p>Review of the resident #13's Significant Change MDS (Minimum Data Set) dated 5/19/15 revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating no cognitive impairment. No other behaviors or moods were reported. The resident received an antipsychotic and an</p>	F 329			

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F 329	<p>Continued From page 17 antidepressant daily.</p> <p>Review of the resident #13's Quarterly MDS dated 8/19/15 revealed a BIMS score of 15, indicating no cognitive impairment. No other behaviors were noted, he/she had a mood severity score of 1 indicating minimal depression. He/she received an antipsychotic and an antidepressant daily.</p> <p>Review of the Psychotropic Drug Use CAA dated 5/19/15 revealed resident #13 was at risk for developing adverse drug reactions due to daily use of Seroquel and Fluvoxamine.</p> <p>Review of the care plan did not provide direction for medication administration.</p> <p>Review of the October 2015 physician order sheet revealed resident #13 had the following orders for medications:</p> <ul style="list-style-type: none"> <li>· Mylanta 30 cc (cubic centimeters) PO (by mouth) PRN (as needed) for gastrointestinal upset started on 7/27/15.</li> </ul> <p>Tylenol 325 mg 2 tablets PO PRN for temperature &gt;100 degree Fahrenheit started on 5/27/15.</p> <ul style="list-style-type: none"> <li>· Bisacodyl 5 mg 1 tablet PO for no bowel movements longer than 3 days started on 9/30/15.</li> </ul> <p>Review of the September 2015 Medication Flowsheet revealed resident #13 received:</p> <ul style="list-style-type: none"> <li>· Mylanta 30 cc on 9/1/15, 9/6/15, 9/8/15 and 9/13/15. Staff did not follow-up for effectiveness of medication.</li> <li>· Tylenol 325 mg on 9/1/15. Staff did not provide a reason for giving the medication or follow-up for effectiveness.</li> <li>· Bisacodyl 5 mg on 9/25/15. Staff did not</li> </ul>	F 329			

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F 329	<p>Continued From page 18 follow-up for effectiveness of medication.</p> <p>Review of the November 2015 Medication Flowsheet revealed resident #13 received:</p> <ul style="list-style-type: none"> <li>· Mylanta 30 cc on 11/13/15. Staff did not provide a reason for giving the medication or document follow-up for effectiveness.</li> </ul> <p>Observation on 11/23/15 at 3:06 PM resident #13 sat in the living room taking part in a group activity. He/she responded to staff appropriately and no behaviors were exhibited.</p> <p>During an interview on 11/24/15 at 10:26 AM, licensed nursing staff B stated for PRN medications given, staff should initial the slot on the MAR, document the medication given, the reason why staff gave the medication, and then follow-up for effectiveness of the medication.</p> <p>During an interview on 11/24/15 at 11:29 AM, administrative nursing staff A stated for PRN medications given, staff should initial the date square, then document the date given, time, the name of medication, dosage, the reason staff gave the medication, and follow-up for effectiveness.</p> <p>Review of the undated Administration of Medication policy revealed PRN medications are charted with initials and time on the MAR, in addition, record the date, time, medication given, route, dose, nurse's initials, reason and effect of PRN on the PRN medication given form.</p> <p>The facility failed to ensure resident #13 was free from receiving unnecessary medications by the failure to monitor for effectiveness.</p> <ul style="list-style-type: none"> <li>- Review of resident #21's signed physician order</li> </ul>	F 329			

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F 329	<p>Continued From page 19</p> <p>sheet dated 10/30/15 included the following diagnoses: GERD (gastro esophageal reflux disease: backflow of stomach contents to the esophagus).</p> <p>Review of the admission MDS (minimum data set) dated 11/6/15 revealed a BIMS (brief interview for mental status) score of 14, which indicated intact cognition. The resident required limited assistance to supervision on most ADLs (activities of daily living) and he/she used a walker and wheelchair for mobility. The resident denied any pain, had no falls since admission, and received daily anticoagulant and diuretic medications and a hypnotic medication 1 day in the 7 day observation period.</p> <p>Review of the psychotropic medication use CAA (care area assessment) dated 11/10/15 revealed the resident was at risk for adverse reactions due to his/her use of Ambien (a hypnotic medication used to treat insomnia). The CAA further revealed he/she did not demonstrate signs of adverse reaction and staff would continue to monitor the resident closely and notify the physician should any occur.</p> <p>Review of the AIMS (abnormal involuntary movement scale) dated 11/6/15 revealed the resident had no involuntary movements, had partial behaviors, and listed Ambien PRN (as needed) on the form.</p> <p>Review of the resident's medical record from 10/30/15 to 11/25/15 revealed staff did not completed a sleep assessment for resident #21.</p> <p>Review of the care plan dated 11/10/15 revealed the resident lived in LTC (long term care) with</p>	F 329			

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F 329	<p>Continued From page 20</p> <p>fears of being unable to sleep in LTC. The care plan had the following interventions:</p> <ul style="list-style-type: none"> <li>*Allow for and encourage as much independence as possible</li> <li>* Administer Ambien 5 mg (milligrams) 1 PO (by mouth) HS (before bedtime) PRN</li> <li>*Encourage the resident to verbalize his/her feelings</li> <li>*AIMS quarterly assessment and GDR (gradual dose reduction) as recommended</li> <li>*Monitor for EPS (extrapyramidal syndrome: drug induced movement disorders)</li> </ul> <p>Review of the admission orders dated 10/30/15 revealed resident #21 received Ambien 5 mg PO at HS PRN for insomnia.</p> <p>Review of the November 2015 MAR (medication administration record) revealed resident #21 received Ambien on 11/7/15 per his/her request and staff did not follow-up on effectiveness or document other non-pharmacological interventions attempted prior to the administration of the medication. Further review of the MAR revealed the resident received 14 doses of TUMS (a medication used to treat heartburn) and staff did not follow-up for effectiveness of the medication for 2 of the 14 doses.</p> <p>Observation on 11/24/15 at 9:49 AM revealed resident #21 sat in the recliner with his/her feet elevated and the call light clipped onto the arm of the recliner. He/she appeared to sleep with his/her walker beside the chair.</p> <p>During an interview on 11/24/15 at 10:00 AM, direct care staff K stated resident #21 had not complained of not being able to sleep.</p>	F 329			

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F 329	Continued From page 21  During an interview on 11/24/15 at 9:34 PM, direct care staff L stated the resident usually slept well during the night. Staff L further stated the resident slept until around 3:00 AM and then wanted to get into his/her recliner.  During an interview on 11/25/15 at 8:36 AM, licensed staff G stated staff needed to document on the PRN sheet the medication as given and then follow-up with effectiveness of the medication.  During an interview on 11/24/15 at 4:18 PM, administrative nurse A stated the staff did not complete a sleep assessment on resident #21.  Review of the undated administration medication policy revealed staff were to initial each medication in the correct box on the MAR. PRN medications were charted with initials and the time on the MAR, and in addition, record the dated, time, medication given, route, dose, nurses initials, reason and effectiveness of the medication on the PRN medication given form.  The facility failed to document the effectiveness of PRN medications for resident #21.	F 329			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371			

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F 371	<p>Continued From page 22</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 21 residents with all residents receiving meals from the kitchen. Based on observation, interview and record review the facility failed to store, prepare and serve food in a sanitary manner by the failure to safely prepare and serve non-pasteurized eggs, restrain hair adequately, handle the surfaces of food thermometers without contamination of 6 different food items prior to serving, and label and date opened food items in the refrigerators and freezers inside the food service area. This had the potential to affect all 21 residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation during initial tour of the kitchen and dining room on 11/22/15 at 3:40 p.m. revealed the following issues: <ul style="list-style-type: none"> <li>The north side kitchen freezer had: <ul style="list-style-type: none"> <li>an opened gallon carton of vanilla ice cream with no label/date</li> <li>a plastic one gallon pitcher of unknown liquid (light brown colored) with no label/date</li> </ul> </li> <li>The south side kitchen refrigerator had: <ul style="list-style-type: none"> <li>2 uncovered bowl of tossed salad and several uncovered bowls of cobbler.</li> </ul> </li> <li>Walk-in freezer contained: <ul style="list-style-type: none"> <li>one open bag of sausage links, not labeled or dated</li> <li>one small open bag of sausage crumbles, not labeled or dated</li> </ul> </li> <li>Dining room small refrigerator contained: <ul style="list-style-type: none"> <li>open containers of apple jelly, chocolate fudge ice cream sauce, maraschino cherries,</li> </ul> </li> </ul> </li> </ul>	F 371			

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F 371	<p>Continued From page 23</p> <p>clover honey, caramel ice cream topping without open dates.</p> <p>a deli bag of pickle pimento luncheon meat belonging to a resident without an open date and a label to sell by 11/16/15</p> <p>Review of the policy for Food Storage dated 2013 revealed all food items should be covered, labeled, and dated. All foods needed to be checked to assure food was consumed by their safe use-by dates.</p> <p>The facility failed to store food items in a sanitary manner by the failure to cover food items and label and date food items after opening.</p> <p>- Observation on 11/23/15 at 8:10 a.m. revealed dietary staff O served an unsampled resident eggs with runny yolks. Dietary staff O reported the eggs were not pasteurized but it was okay to serve them because the dietary staff cooked them hard. Staff did not take an internal temperature of the cooked eggs.</p> <p>Observation on 11/24/15 at 8:20 a.m. revealed dietary staff P cooked and served an unsampled resident a fried egg with the yolk not congealed. The yolk was runny and covered a good portion of the resident's plate when the resident cut the egg up.</p> <p>During an interview on 11/24/15 at 12:12 p.m. dietary manager N reported the eggs were not pasteurized and all eggs were cooked until the yolks were hard. The manager did not know staff were serving eggs with runny yolks and reported all staff needed reeducation.</p> <p>Review of the policy Resource: Final Cooking,</p>	F 371			



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F 371	<p>Continued From page 24</p> <p>Holding and Reheating Temperatures dated 2013 revealed: Cooking was a critical control point in preventing food-borne illness. Cooking to heat all parts of food to the temperature and for the specified time below would either kill dangerous organisms or inactivate them sufficiently so there was little risk to the individual if eaten promptly...Unpasteurized eggs when cooked to order in response to individual request and to be eaten promptly after cooking needed to be at a temperature of 145 degrees Fahrenheit (until the white was completely set and the yolk was congealed).</p> <p>The facility failed to prepare unpasteurized eggs to a safe temperature and consistency.</p> <p>- During the kitchen observation on 11/24/15 at 11:30 a.m., 3 dietary staff members had hairnets that did not cover their hair, with hair sticking out of the hair nets. Staff failed to pull the hairnets forward to cover their front hair and sides of the head while preparing and serving food</p> <p>During an interview on 11/24/15 at 12:12 p.m. dietary manager N reported all dietary staff needed to wear hairnets to cover all hair with no hair uncovered when serving or preparing food.</p> <p>Review of the policy named Employee Sanitary Practices dated 2013 revealed: All employees should wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food.</p> <p>The facility failed to ensure dietary staff adequately restrained hair while preparing food.</p> <p>- Observation on 11/24/15 at 11:45 a.m. revealed</p>	F 371			

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F 371	Continued From page 25  dietary staff M, with bare hands, grabbed a handful of thermometers located in an uncovered plastic container and placed the thermometers in 6 food pans without cleaning the thermometers prior to placing them in the pans.  Observation on 11/24/15 at 12:08 p.m. dietary staff O retrieved a butter knife from a drawer and using his/her bare hand cut a hamburger and bun in half. He/she then put the knife down on the countertop that also had the menus and a few other items not related to the meal. He/she then picked up the knife to cut another hamburger and repeated this 2 other times.  During an interview on 11/24/15 at 12:12 p.m. dietary manager N reported staff should use a disinfecting wipe to clean the thermometers prior to and after contact with food.  The facility failed to prepare and serve food in a sanitary manner by the failure to clean food thermometers prior to placing them in food.	F 371			
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet	F 425			

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F 425	<p>Continued From page 26 the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents with 9 included in the sample. Based on interview, observation, and record review the facility failed to ensure resident (#11, #13 and #21) received medications as ordered.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #11's October POS (Physician Orders Sheet), signed 10/9/15 revealed diagnoses of agoraphobia (extreme or irrational fear of crowded spaces or enclosed public places), edema (swelling resulting from an excessive accumulation of fluid in the body tissues), depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), hyperlipidemia (condition of elevated blood lipid levels), senile dementia (severe mental deterioration in old age, characterized by loss of memory and control of bodily functions), and anemia (condition without enough healthy red blood cells to carry adequate oxygen to body tissues).</li> </ul> <p>Review of resident #11's Annual MDS (Minimum Data Set) dated 7/2/15 revealed a BIMS (Brief</p>	F 425			

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F 425	<p>Continued From page 27</p> <p>Interview for Mental Status) score of 7, indicating severe cognitive impairment. The resident had behavior present that fluctuated for inattention. Resident #11 had a total mood severity score of 2, indicating minimal depression. Resident #11 exhibited rejection of care behaviors 1 to 3 days during the 7 day observation period. The resident received an antipsychotic, antidepressant, and a diuretic daily.</p> <p>Review of resident #11's Quarterly MDS dated 10/2/15 revealed a BIMS score of 9, indicating moderate cognitive impairment. Resident #11 had a total mood severity score of 1 indicating minimal depression. Resident #11 had no other changes from the previous MDS.</p> <p>Review of resident #11's Mood State CAA (Care Area Assessment) dated 7/2/15 revealed the resident had trouble falling and staying asleep "2-3 times a week" and was tired with little energy "2-3 times a week". He/she took Celexa 20 mg (milligrams) daily for depression.</p> <p>Review of resident #11's Psychosocial Well-Being CAA dated 7/2/15 revealed the resident had a history of agoraphobia. He/she spent most of the time in his/her room.</p> <p>Review of resident #11's Psychotropic Drug Use CAA dated 7/2/15 revealed the resident took Seroquel XR 50 mg daily at supper for dementia with behaviors and Celexa 20 mg daily for depression.</p> <p>Review of the October 2015 physician order sheet revealed resident #11 had orders for:</p> <ul style="list-style-type: none"> <li>· Aldactone 25 mg 1 tablet PO daily in the morning for edema started on 3/25/15.</li> </ul>	F 425			

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F 425	<p>Continued From page 28</p> <ul style="list-style-type: none"> <li>· Ferrous Sulfate EC 324 mg 1 tab PO BID for anemia started on 3/25/15.</li> <li>· Tylenol 500 mg 2 tablets PO BID for idiopathic peripheral neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet) started on 3/25/15.</li> <li>· Seroquel XR 50 mg 1 capsule PO daily for senile dementia started on 3/24/15.</li> <li>· Zocor 20 mg 1 tablet PO daily in the evening for hyperlipidemia started on 3/24/15.</li> </ul> <p>Review of the September 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Aldactone (8 AM) on 9/21/15 or Seroquel (6 PM) on 9/23/15.</p> <p>Review of the October 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Aldactone (8 AM) on 10/21/15, Ferrous Sulfate (6 PM) on 10/11/15, Tylenol (6 PM) on 10/11/15, Seroquel (6 PM) on 10/6/15, and Zocor (6 PM) on 10/6/15.</p> <p>Review of the November 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Aldactone (8 AM) on 11/9/15 and Tylenol (6 PM) on 11/16/15.</p> <p>During an interview on 11/23/15 at 2:45 PM, direct care staff E stated staff should print initials and circle them, then document on the PRN Given/Medication Held form the reason why staff did not administer the medication.</p> <p>During an interview on 11/24/15 at 10:45 AM, licensed nursing staff B stated if staff did not administer medication, staff should print and circle their initials on the MAR (medication administration record) and then document a</p>	F 425			

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F 425	<p>Continued From page 29</p> <p>reason why staff did not administer the medication.</p> <p>During an interview on 11/24/15 at 11:42 AM, administrative nursing staff A stated for medications not administered, staff should document by initialing the date square on the MAR, circle the initials and then provide the reason why the medication was not given on the Medication Flowsheet paper in the chart.</p> <p>Review of the undated Administration of Medication policy revealed staff were to: Initial each medication in the correct box in the MAR, then circle the initials on MAR if staff did not administer the medication as ordered and record the reason on the medication not given form.</p> <p>The facility failed to ensure resident #11 received scheduled medications as ordered.</p> <p>- Review of resident #13's October 2015 physician order sheet signed 10/9/15 revealed diagnoses of: glaucoma (abnormal condition of elevated pressure within an eye caused by obstruction to the outflow), esophagitis (inflammation of the esophagus), obsessive-compulsive disorder (anxiety disorder characterized by recurrent and persistent thoughts, ideas and feelings of obsessions severe to cause marked distress, consume considerable time or significantly interfere with the resident 's occupational, social or interpersonal functioning), depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), dementia (progressive mental disorder characterized by failing memory, confusion), and constipation</p>	F 425			

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F 425	<p>Continued From page 30 (difficulty passing stools).</p> <p>Review of the resident #13's Significant Change MDS (Minimum Data Set) dated 5/19/15 revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating no cognitive impairment. No other behaviors or moods were reported. The resident received an antipsychotic and an antidepressant daily.</p> <p>Review of the resident #13's Quarterly MDS dated 8/19/15 revealed a BIMS score of 15, indicating no cognitive impairment. The resident did not exhibit any behaviors and had a mood severity score of 1 indicating minimal depression. He/she received an antipsychotic and an antidepressant daily.</p> <p>Review of the Psychotropic Drug Use CAA dated 5/19/15 revealed resident #13 was at risk for developing adverse drug reactions due to daily use of Seroquel and Fluvoxamine.</p> <p>Review of the care plan did not mention anything concerning Seroquel or Fluvoxamine or any targeted behaviors to monitor for.</p> <p>Review of the October 2015 physician order sheet revealed resident #13 had the following orders for medications:</p> <ul style="list-style-type: none"> <li>· Combigan 0.2-0.5 % 1 drop each eye BID (twice daily) for glaucoma started on 4/1/15.</li> <li>· Fluvoxamine 100 mg (milligram) PO (by mouth) BID for behavioral problem started on 4/1/15.</li> <li>· Namenda XR 28 mg 1 capsule PO daily for dementia started on 4/1/15.</li> <li>· Seroquel 25 mg 1 tablet PO daily for behavioral problem started on 4/1/15.</li> </ul>	F 425			

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F 425	<p>Continued From page 31</p> <ul style="list-style-type: none"> <li>Plavix 75 mg, 1 tablet PO daily for atherosclerosis of coronary vessel started on 4/1/15.</li> <li>Aspirin 81 mg, 1 tablet PO daily for coronary artery disease started on 7/27/15.</li> <li>Aricept 10 mg 1 tablet PO daily for dementia started on 9/1/15.</li> <li>Protonix 40 mg 1 tablet PO daily for esophagitis started on 7/9/15.</li> <li>Miralax 17 gram PO daily on Monday, Wednesday, Friday for constipation started on 4/1/15.</li> </ul> <p>Review of the September 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Aricept (8 AM) on 9/25/15 and Protonix (8 AM) on 9/25/15.</p> <p>Review of the October 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Plavix (8 AM) 10/16/15, Seroquel (8 AM) 10/16/15, Combigan (8 AM) 10/16/15, Fluvoxamine (8 AM) 10/16/15, Aspirin (8 AM) 10/16/15 and Namenda (8 AM) 10/16/15.</p> <p>Review of the November 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Miralax (8 AM) on 11/4/15, Fluvoxamine (8 AM, 8 PM) on 11/20/15 and Fluvoxamine (8 AM, 8 PM) on 11/21/15.</p> <p>Observation on 11/23/15 at 3:06 PM revealed resident #13 sitting in the living room taking part in a group activity. He/she responded to staff appropriately and no behaviors were exhibited.</p> <p>During an interview on 11/23/15 at 4:18 PM,</p>	F 425			



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F 425	<p>Continued From page 32</p> <p>certified medication staff E stated staff should initial the space on the MAR when medication is given. Staff should circle initials and document the reason why a medication was not given on the PRN Given/Medication Held Sheet if a resident refuses the medication or if the medication is not given.</p> <p>During an interview on 11/24/15 at 10:26 AM, licensed nursing staff B stated when administering scheduled medications, if staff did not administer the medication, they should initial the date slot on the MAR and document why they did not give the medication.</p> <p>During an interview on 11/24/15 at 11:29 AM, administrative nursing staff A stated for scheduled medications administered, the staff should document by initialing the date square on the MAR. If staff did not administer the medication, staff should circle the initials and document the reason why they did not administer it on the PRN Given/Medication Held Sheet in the chart.</p> <p>Review of the undated Administration of Medication policy revealed staff were to: Initial each medication in the correct box in the MAR, then circle the initials on MAR if staff did not administer the medication as ordered and record the reason on the medication not given form.</p> <p>The facility failed to ensure resident #13 received scheduled medications as ordered.</p> <p>- Review of resident #21's signed physician order sheet dated 10/30/15 included a diagnosis of GERD (gastro esophageal reflux disease: backflow of stomach contents to the esophagus).</p>	F 425			

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F 425	<p>Continued From page 33</p> <p>Review of the admission MDS (minimum data set) dated 11/6/15 revealed a BIMS (brief interview for mental status) score of 14, which indicated intact cognition. The resident required limited assistance to supervision on most ADLs (activities of daily living) and he/she used a walker and wheelchair for mobility. The resident denied any pain, had no falls since admission, and received a hypnotic medication 1 day in the 7 day observation period.</p> <p>Review of the psychotropic medication use CAA (care area assessment) dated 11/10/15 revealed the resident was at risk for adverse reactions due to his/her use of Ambien (a hypnotic medication used to treat insomnia). The CAA further revealed he/she did not demonstrate signs of adverse reaction and staff would continue to monitor the resident closely and notify the physician should any occur.</p> <p>Review of the AIMS (abnormal involuntary movement scale) dated 11/6/15 revealed the resident had no involuntary movements, had partial behaviors, and listed Ambien PRN (as needed) on the form.</p> <p>Review of the resident's medical record from 10/30/15 to 11/25/15 revealed staff did not complete a sleep assessment for resident #21.</p> <p>Review of the care plan dated 11/10/15 revealed the resident lived in LTC (long term care) with fears of being unable to sleep in LTC. The care plan had the following interventions:</p> <ul style="list-style-type: none"> <li>*Allow for and encourage as much independence as possible</li> <li>* Administer Ambien 5 mg (milligrams) 1 PO (by mouth) HS (before bedtime) PRN</li> </ul>	F 425			

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F 425	<p>Continued From page 34</p> <p>*Encourage the resident to verbalize his/her feelings</p> <p>*AIMS quarterly assessment and GDR (gradual dose reduction) as recommended</p> <p>*Monitor for EPS (extrapyramidal syndrome: drug induced movement disorders)</p> <p>Review of the admission orders dated 10/30/15 revealed resident #21 had orders for:</p> <ul style="list-style-type: none"> <li>Nexium (medication that reduces stomach acid secretions) 40 mg (milligrams) PO twice a day for GERD.</li> </ul> <p>Review of the November 2015 MAR (medication administration record) revealed staff had circled both doses of Nexium 40 mg on 11/13/15 and the morning dose on 11/14/15.</p> <p>Review of the medication given/held log for November 2015 revealed staff did not administer Nexium on 11/13/15 (two missed doses) and 11/14/15 at 8:00 AM due to medication not available.</p> <p>Observation on 11/24/15 at 9:49 AM revealed resident #21 sat in the recliner with feet elevated, call light clipped onto the arm of the recliner. He/she appeared to sleep with his/her walker beside the chair.</p> <p>During an interview on 11/25/15 at 8:36 AM, licensed staff G stated if a medication was not in the medication cart, staff looked in the e-kit (emergency kit) and if the medication was not in the e-kit, he/she would call the physician.</p> <p>During an interview on 11/24/15 at 4:18 PM, administrative nurse A stated the staff should have made arrangements to get the medication</p>	F 425			

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F 425	Continued From page 35 for resident #21.  Review of the undated administration medication policy revealed staff were to initial each medication in the correct box on the MAR. PRN medications are charted with initials and the time on the MAR, in addition, record the dated, time, medication given, route, dose, nurses initials, reason and effectiveness of PRN on the PRN medication given form. The policy further revealed if medications were not administered as ordered, staff were to record the reason for non-administration and notify the supervisor of medication non-administrations.  The facility failed to provide pharmaceutical services to ensure resident #21 received scheduled medications.	F 425			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: The facility reported a census of 21 residents with 9 included in the sample. Based on interview, and record review the facility failed to ensure the	F 428			

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F 428	<p>Continued From page 36</p> <p>pharmacist identified and reported any irregularities (missed medications and failure of staff to follow-up on PRN medications) of drug regimen reviews for 2 of 5 residents (#11, #13).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #11's October POS (Physician Orders Sheet), signed 10/9/15 revealed diagnosis of agoraphobia (extreme or irrational fear of crowded spaces or enclosed public places), edema (swelling resulting from an excessive accumulation of fluid in the body tissues), depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), hyperlipidemia (condition of elevated blood lipid levels), senile dementia (severe mental deterioration in old age, characterized by loss of memory and control of bodily functions), hypertension (elevated blood pressure), anemia (condition without enough healthy red blood cells to carry adequate oxygen to body tissues), and urinary incontinence (involuntary urination).</li> </ul> <p>Review of resident #11's Annual MDS (Minimum Data Set) dated 7/2/15 revealed a BIMS (Brief Interview for Mental Status) score of 7, indicating severe cognitive impairment. The resident had behavior present that fluctuated for inattention. Resident #11 had a total mood severity score of 2, indicating minimal depression. Resident #11 exhibited rejection of care behaviors 1 to 3 days during the 7 day observation period. The resident received an antipsychotic, antidepressant, and a diuretic daily.</p>	F 428			

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F 428	<p>Continued From page 37</p> <p>Review of resident #11's Quarterly MDS dated 10/2/15 revealed a BIMS score of 9, indicating moderate cognitive impairment. Resident #11 had a total mood severity score of 1 indicating minimal depression. Resident #11 had no other changes from the previous MDS.</p> <p>Review of resident #11's Psychotropic Drug Use CAA (Care Area Assessment) dated 7/2/15 revealed the resident took Seroquel XR 50 mg daily at supper for dementia with behaviors and Celexa 20 mg daily for depression.</p> <p>Review of resident #11's care plan revealed resident #11 had agoraphobia and staff needed to monitor and record behaviors on the daily behavior sheet.</p> <p>Review of the October 2015 physician order sheet revealed resident #11 had orders for:</p> <ul style="list-style-type: none"> <li>· Aldactone 25 mg 1 tablet PO daily in the morning for edema started on 3/25/15.</li> <li>· Ferrous Sulfate EC 324 mg 1 tab, PO, BID for anemia started on 3/25/15.</li> <li>· Tylenol 500 mg 2 tablets PO BID for idiopathic peripheral neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet) started on 3/25/15.</li> <li>· Seroquel XR 50 mg 1 capsule PO daily for senile dementia started on 3/24/15.</li> <li>· Zocor 20 mg 1 tablet PO daily in the evening for hyperlipidemia started on 3/24/15.</li> <li>· Metoprolol 50 mg 1 tablet PO (Hold if pulse &lt;50) for hypertension started on 3/24/15.</li> </ul> <p>Review of the September 2015 Medication Flowsheet revealed staff did not administer the following medications as scheduled: Aldactone 25 mg (8 AM) on 9/21/15, Seroquel 50 mg (6 PM) on</p>	F 428			

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F 428	<p>Continued From page 38 9/23/15.</p> <p>Review of the October 2015 MAR (medication administration record) revealed:</p> <ul style="list-style-type: none"> <li>· Staff did not take pulse for resident #11 on 10/3 and 10/14/15.</li> <li>· Resident #11 did not receive Aldactone as ordered on 10/21/15.</li> <li>· Resident #11 did not receive Cranberry as ordered on 10/11/2015.</li> <li>· Resident #11 did not receive Ferrous Sulfate as ordered on 10/11/15.</li> <li>· Resident #11 did not receive Tylenol as ordered on 10/11/15.</li> <li>· Resident #11 did not receive Seroquel as ordered on 10/6/15.</li> <li>· Resident #11 did not receive Zocor as ordered on 10/6/15.</li> </ul> <p>Review of the November 2015 MAR revealed:</p> <ul style="list-style-type: none"> <li>· Staff did not take pulse for resident #11 on 11/4/15 and 11/10/15.</li> <li>· Resident #11 did not receive Aldactone as ordered on 11/9/15.</li> <li>· Resident #11 did not receive Tylenol as ordered on 11/16/15.</li> </ul> <p>Observation on 11/23/15 at 9:51 AM revealed resident #11 sat in his/her wheelchair in the doorway to his/her bedroom. He/she interacted appropriately with staff with no adverse behaviors observed.</p> <p>During an interview on 11/24/15 at 10:45 AM, licensed nursing staff B stated the pulse should always be taken prior to giving the medication such as Metoprolol and documented on the MAR.</p> <p>During an interview on 11/30/15 at 3:31 PM,</p>	F 428			

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F 428	<p>Continued From page 39</p> <p>administrative nursing staff B stated he/she would expect the pharmacist to tell him/her if they were aware of missing documentation or if residents did not receive medications as ordered.</p> <p>During an interview on 11/25/15 at 10:21 AM with pharmacy consultant staff Q stated he/she reviewed medications on a monthly basis looking for irregularities, BBW (black box warnings), antipsychotic medications for possible GDRs (gradual dose reductions) among other things. Staff Q stated he/she looked through the MARs, but not meticulously, for missed administrations. Staff Q stated he/she had not been looking at PRN medication documentation and follow-up for effectiveness of medications. Concerning missing medication documentation, Staff Q had not notified administrative nursing staff since he/she did not see a rash of missing documentation. Staff Q also stated he/she may need to take a closer look at this since there has been turnover of staff and new staff might need to be trained better on the documentation process.</p> <p>Review of the undated Administration of Medication policy revealed it lacked guidance on the monitoring of vital signs to include pulses before administering certain medications.</p> <p>Review of the undated Unnecessary Medications policy revealed: The Pharmacist will perform monthly medication regimen review, and identify any... irregularities. The care plan would indicate obtainable and therapeutic goals to detect the emergence or presence of adverse consequences.</p> <p>The facility failed to ensure the consultant pharmacist identified irregularities in</p>	F 428			



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F 428	<p>Continued From page 40</p> <p>documentation concerning scheduled medications and monitoring for resident #11.</p> <p>- Review of resident #13's October 2015 physicians order sheet signed 10/9/15 revealed diagnosis of: glaucoma (abnormal condition of elevated pressure within an eye caused by obstruction to the outflow), esophagitis (inflammation of the esophagus), obsessive-compulsive disorder (anxiety disorder characterized by recurrent and persistent thoughts, ideas and feelings of obsessions severe to cause marked distress, consume considerable time or significantly interfere with the resident 's occupational, social or interpersonal functioning), depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), dementia (progressive mental disorder characterized by failing memory, confusion), and constipation (difficulty passing stools).</p> <p>Review of the resident #13's Significant Change MDS (Minimum Data Set) dated 5/19/15 revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating no cognitive impairment. No other behaviors or moods were reported. The resident received an antipsychotic and an antidepressant daily.</p> <p>Review of the resident #13's Quarterly MDS dated 8/19/15 revealed a BIMS score of 15, indicating no cognitive impairment. No other behaviors were noted, he/she had a mood severity score of 1 indicating minimal depression. He/she received an antipsychotic and an antidepressant daily.</p>	F 428			

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F 428	<p>Continued From page 41</p> <p>Review of the Psychosocial Well-Being CAA (Care Administration Area) dated 5/19/15 revealed resident #13 began having increased obsessive behaviors in mid-April. His/her behaviors progressed and he/she began making sexual comments and gestures towards staff and attempted to touch them inappropriately.</p> <p>Review of the Psychotropic Drug Use CAA dated 5/19/15 revealed resident #13 was at risk for developing adverse drug reactions due to daily use of Seroquel and Fluvoxamine.</p> <p>Review of the care plan did not mention anything concerning Seroquel or Fluvoxamine or any targeted behaviors to monitor for.</p> <p>Review of the October 2015 physician order sheet revealed resident #13 had the following orders for medications:</p> <ul style="list-style-type: none"> <li>· Mylanta 30 cc (cubic centimeters) PO (by mouth) PRN (as needed) for gastrointestinal upset started on 7/27/15.</li> <li>· Tylenol 325 mg 2 tablets PO PRN for temperature &gt;100 started on 5/27/15.</li> <li>· Bisacodyl 5 mg 1 tablet PO for no bowel movements longer than 3 days started on 9/30/15.</li> <li>· Combigan 0.2-0.5 % 1 drop each eye BID (twice daily) for glaucoma started on 4/1/15.</li> <li>· Fluvoxamine 100 mg (milligram) PO BID for behavioral problem started on 4/1/15.</li> <li>· Namenda XR 28 mg 1 capsule PO daily for dementia started on 4/1/15.</li> <li>· Seroquel 25 mg 1 tablet PO daily for behavioral problem started on 4/1/15.</li> <li>· Plavix 75 mg 1 tablet PO daily for atherosclerosis of coronary vessel started on 4/1/15.</li> </ul>	F 428			

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F 428	<p>Continued From page 42</p> <ul style="list-style-type: none"> <li>Aspirin 81 mg 1 tablet PO daily for coronary artery disease started on 7/27/15.</li> <li>Aricept 10 mg 1 tablet PO daily for dementia started on 9/1/15.</li> <li>Protonix 40 mg 1 tablet PO daily for esophagitis started on 7/9/15.</li> <li>Miralax 17 gram PO daily on Monday, Wednesday and Friday for constipation started on 4/1/15.</li> </ul> <p>Review of the September 2015 MAR (medication administration record) revealed resident #13 received:</p> <ul style="list-style-type: none"> <li>Mylanta on 9/1/15, 9/6/15, 9/8/15 and 9/13/15. Staff did not follow-up for effectiveness of medication.</li> <li>Tylenol on 9/1/15. Staff did not provide a reason for giving the medication or document follow-up for effectiveness.</li> <li>Bisacodyl on 9/25/15. Staff did not follow-up for effectiveness of medication.</li> </ul> <p>Review of the September 2015 MAR (medication administration record) revealed the resident did not receive:</p> <ul style="list-style-type: none"> <li>Aricept as ordered on 9/25/15.</li> <li>Protonix as ordered on 9/25/15.</li> </ul> <p>Review of the October 2015 MAR revealed the resident did not receive:</p> <ul style="list-style-type: none"> <li>Plavix as ordered on 10/16/15.</li> <li>Seroquel as ordered on 10/16/15.</li> <li>Combigan as ordered on 10/16/15.</li> <li>Fluvoxamine as ordered on 10/16/15.</li> <li>Aspirin as ordered on 10/16/15.</li> <li>Namenda as ordered on 10/16/15.</li> </ul> <p>Review of the November 2015 MAR revealed resident #13 received:</p>	F 428			

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F 428	<p>Continued From page 43</p> <ul style="list-style-type: none"> <li>· Mylanta on 11/13/15. Staff did not provide a reason for giving the medication or document follow-up for effectiveness.</li> </ul> <p>Review of the November 2015 MAR revealed the resident did not receive:</p> <ul style="list-style-type: none"> <li>· Miralax as ordered on 11/4/15.</li> <li>· Fluvoxamine as ordered on 11/20/15 or 11/21/15.</li> </ul> <p>Observation on 11/23/15 at 3:06 PM resident #13 sat in the living room taking part in a group activity. He/she responded to staff appropriately and no behaviors were exhibited.</p> <p>During an interview on 11/24/15 at 10:26 AM, licensed nursing staff B stated when administering scheduled medications staff should initial the date slot, if the medication was not given staff should still print initials and circle them, then provide documentation why staff did not administer the medication. For PRN medications given, staff should initial the slot on the MAR, document the medication given, the reason why staff administered the medication, and then follow-up for effectiveness of the medication.</p> <p>During an interview on 11/24/15 at 11:29 AM, administrative nursing staff A stated for scheduled medications administered, the staff should document by initialing the date square. For medications not administered, the staff should initial the date square, circle the initials and then document the reason why they did not give the medication. For PRN medications given, staff should initial the date square, then document the date given, time, the name of medication, dosage, reason given and follow-up for</p>	F 428			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HODGEMAN COUNTY HEALTH CENTER LTCU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>809 BRAMLEY PO BOX 310 JETMORE, KS 67854</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 428	<p>Continued From page 44 effectiveness.</p> <p>During an interview on 11/25/15 at 10:21 AM with pharmacy consultant staff Q stated he/she reviewed medications on a monthly basis looking for irregularities, BBW (black box warnings), antipsychotic medications for possible GDRs (gradual dose reductions) among other things. Staff Q stated he/she looked through the MARs, but not meticulously, for missed administrations. Staff Q stated he/she had not been looking at PRN medication documentation and follow-up for effectiveness of medications. Concerning missing medication documentation, Staff Q had not notified administrative nursing staff since he/she did not see a rash of missing documentation. Staff Q also stated he/she may need to take a closer look at this since there has been turnover of staff and new staff might need to be trained better on the documentation process.</p> <p>Review of the undated Administration of Medication policy revealed it lacked guidance on the monitoring of vital signs to include pulses before administering certain medications.</p> <p>Review of the undated Unnecessary Medications policy revealed: The Pharmacist will perform monthly medication regimen review, and identify any... irregularities. The care plan would indicate obtainable and therapeutic goals to detect the emergence or presence of adverse consequences.</p> <p>The facility failed to ensure the consultant pharmacist identified irregularities in documentation concerning scheduled medications and monitoring for resident #13.</p>	F 428			

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F 431 F 431 SS=D	Continued From page 45 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by:	F 431 F 431			

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F 431	<p>Continued From page 46</p> <p>The facility reported a census of 21 residents. Based on observation, interview and record review the facility failed to dispose of expired oxycodone (an opiod narcotic pain medication, used to treat moderate to severe pain) for one resident (# 3) in one medication cart.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During initial tour on 11/22/15 at 4:20 PM, spot check of the medication cart revealed one medication bubble pack card of oxycodone for resident #3 had expired on 10/23/15.</li> </ul> <p>During an interview on 11/22/15 at 4:21 PM, licensed nursing staff G stated the resident did not use the PRN (as needed) pain medication very often and verified it as expired. Staff G further stated the night nurse and medication aides checked for expired medications twice a month.</p> <p>During an interview on 11/25/15 at 10:24 AM, administrative nurse A stated staff checked for expired medications twice a month as scheduled on the MAR (medication administration record). Staff A further stated the facility did not follow the policy because the policy stated staff were to check for expired medications every Sunday evening.</p> <p>Review of the undated administration medication policy revealed every Sunday night the charge nurse would check the medication room, drug room, and refrigerator for expired drugs and remove them. The policy further revealed expired medications should be placed in the medication room with medications to be returned or destroyed.</p>	F 431			

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F 431	Continued From page 47  The facility failed to discard expired medications.	F 431			